Medicaid Eligibility Handbook Worksheet Section

Family Care Eligibility - Non-MA Financial Determination

Failing Gare Engionity - Non-MA Financial Determination							
Applicant Name (Last, First, MI			Spouse's Name (Last, First, MI)				
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Address (Street, City, State, Zip		•					
Applicant Social Security Number	Applicant Telephone Number	Resource Center Worker		ES Worker Name			
, , , , , , , , , , , , , , , , , , , ,	Pro state and st	Name					
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P	art 1- Asset Determination	on (MAHB 32.5	.2.1)				

Part 1	 Asset Deter 	mination (MAI	HB 32.5.2.1)	
Enter total countable assets:	Applicant	Spouse	Joint	
If applicant is married, count				\$
assets of both. Do not include	\$	\$	\$	Ψ
Independence Accounts.				
2. Community Spouse Asset Share				
Enter \$0 if there is no community	\$			
3. Subtract Line 2 from Line 1. Ente	\$			
4. Subtract from line 3 the following				
a. The Basic Asset Allowance (N	r			
AFH				\$
or	Ψ			
b. The Basic Asset Allowance (MAHB 30.12.0) if applicant lives in private				
residence, RCAC or other community setting.				
5. Equals total countable assets of applicant.				\$
6. Divide Line 5 by 12.				12
7. Equals Family Care monthly net countable assets of applicant.				\$

Part 2 - Income Determination (32.5.2.2)					
8. Enter monthly earned income of applicant.	\$				
9. Add Workers Compensation.	\$				
10. Add Unemployment Compensation.	\$				
11. Equals countable monthly earned income.	\$				
12. Subtract \$200 (earned income disregard).	- \$200				
13. Equals.	\$				
14. Multiply Line 13 by 2/3 (earned income disregard) enter amount. Subtract this amount from line 13 and place remainder on line 15.	\$				
15. Equals Family Care total countable monthly earned income.	\$				
16. Enter Family Care applicant's unearned Income.					
Do not include unemployment compensation, workers compensation, or any interest from Independence Accounts.	\$				
17. Add line 15 (earned income) and line 16 (unearned income). Enter sum on Line 17.	\$				
18. Subtract \$20 Standard Income deduction.	- \$20				
19. Equals net monthly countable income.	\$				
20. Add Line 7 (net countable monthly assets).	\$				
21. Equals total countable monthly resources.	\$				

(R.01/03)

	PART :	3 - Cost Share	e Determination (MAHB 32.5.2.3)		\neg
22	Enter total countable monthly r	\$	_		
23. Enter Community Spouse income allocation (MAHB 23.6.0).				\$	
24	Enter any court ordered payme	\$	\dashv		
25. Enter: a. If applicant resides in a NH, Adult Family Home, or CBRF, the Basic Needs Allowance (MAHB 30.12.0)			\$		
	b. If the applicant resides in particular the greater of:				
	 The SSI Payment Le one person. Actual maintenance co Allowance (MAHB 30.9 	\$			
26	If the applicant residing in a number within six months, and incurs of maintenance allowance up to the person (MAHB 15.3.1, 30.5.0). fee, and actual utility costs.)	\$			
27	Enter out of pocket medical/rei	medial expense	es (MAHB 15.3.5).	\$	7
	Enter any dependent family me			\$	
29. Add health insurance premiums paid (MAHB 25.9.2.3).		\$			
30	Add Lines 23-29 and enter total	al dollar amount	t.	\$	
 31. Subtract line 30 from Line 22. This is the COST SHARE amount. Line 31 may not be greater than the: a. Projected comprehensive care plan cost in MAHB 30.12.0. b. Projected intermediate care plan cost in MAHB 30.12.0. c. Actual cost of care plan. 			\$		
i	* Part	4 - Actual Ma	intenance Costs Calculation	1	
1.	Enter applicant's shelter costs.			\$	\neg
	Shelter Costs include:				
	Rent	\$	Standard Utility Allowance 2001		
	Mortgage	\$	Heat & Utilities \$211		
	Taxes	\$	Utilities Only \$125		
	Insurance	\$	Telephone Only \$25		
	Condo fee	\$			
	Standard Utility Allowance (may not exceed \$203)	'			
	TOTAL SHELTER COSTS (Enter on Line 1 of Part 4.	\$			
2. Add Food Stamp allotment for one person.			\$139		
3. Add standard clothing allowance.			\$100	\exists	
Equals applicant's actual maintenance costs. Total may not exceed \$1,114 per month.			\$		